19. PAIN

Review of Indicators of Pain

T	**Diseases and conditions that may cause pain** (diagnosis OR signs/symptoms present)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Cancer (I0100)	
☐	• Circulatory/heart — Angina, Myocardial Infarction (MI), Atherosclerotic Heart Disease (ASHD) (I0400) — Deep Vein Thrombosis (I0500) — Peripheral Vascular Disease (I0900)	
☒X	• Skin/Wound X — Pressure ulcer (section M) — Other ulcers, wounds, incision, skin problems (M1040) X — Moisture associated skin damage (M1040H)	
☐	• Infections — Urinary tract infection (I2300) — Pneumonia (I2000)	
☐	• Neurological (I4200 – I5500) — Head trauma (clinical record) — Headache — Neuropathy — Post-stroke syndrome	
☒X	• Gastrointestinal — Gastroesophageal Reflux Disease/Ulcer (I1200) — Ulcerative Colitis/Crohn's Disease/Inflammatory Bowel Disease (I1300) X Constipation (H0600, clinical record, resident interview)	
☐	• Hospice care (O0100K)	
☒X	• Musculoskeletal X — Arthritis (I3700) — Osteoporosis (I3800) — Hip fracture (I3900) — Other fracture (I4000) — Back problems (I8000) — Amputation (O0500) — Other (I8000)	
☒X	• Dental problems (section L) (L0200)	

T	Characteristics of the pain	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☒	• Location	
☒	• Type (constant, intermittent, varies over time, etc.)	
☐	• What makes it better	
☐	• What makes it worse	
☒	• Words that describe it (for example, aching, soreness, dull, throbbing, crushing) — Burning, pins and needles, shooting, numbness (neuropathic) — Cramping, crushing, throbbing, stabbing (musculoskeletal) — Cramping, tightness (visceral)	

T	**Frequency and intensity of the pain** (J0400, J0600, J0850)	
☒	• How often it occurs	
☐	• Time or situation of onset	
☐	• How long it lasts	

T	**Non-verbal indicators of pain** (particularly important if resident is stoic)	
☐	• Facial expression (frowning, grimacing, etc.) (J0800A, J0800C)	
☐	• Vocal behaviors (signing, moaning, groaning, crying, etc.) (J0800A, J0800B)	
☐	• Body position (guarding, distorted posture, restricted limb movement, etc.) (J0800D)	
☐	• Restlessness	

T	**Pain effect on function**	
☒	• Disturbs sleep (J0500A)	
☒	• Decreases appetite (clinical record)	
☐	• Adversely affects mood (D0200, D0500, clinical record)	
☐	• Limits day-to-day activities (J0500B) (social events, eating in dining room, etc.)	
☒	• Limits independence with at least some Activities of Daily Living (ADLs) (G0110)	

T	Associated signs and symptoms	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Agitation or new or increased behavior problems (E0200) – describe the specific verbal or motor activity- e.g. screaming, babbling, cursing, repetitive questions, pacing, kicking, scratching, etc.	
☐	• Delirium (C1600)	
☐	• Withdrawal	

T	Other Considerations	
☐	• Improper positioning (M1200C)	
☐	• Contractures (G0400)	
☐	• Immobility (G0110)	
☐	• Use of restraints (P0100)	
☐	• Recent change in pain (characteristics, frequency, intensity, etc.) (J0400, J0600)	
XX	• Insufficient pain relief (from resident/staff interview, clinical record, direct observation) (J0100 – J0850)	
XX	• Pain relief occurs, but duration is not sufficient, resulting in breakthrough pain (J0100 – J0850)	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		Care Plan Considerations
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N YES	Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☒ Yes ☐ No

Signature/Title: Indy Anna Hoosier, RN, MDSC Date: 9/16/14